

Final Report
for an
INAUGURAL COMMITTEE

This document must be clear, legible and typed or printed in blue or black ink.

<input type="checkbox"/> Original Report	<input type="checkbox"/> Amended Report – Report # _____
Name of Inaugural Committee	Committee Registration #
Mailing Address (include number and street)	Daytime Phone Number (for person filling out this report)
City, State and Zip	E-mail Address

Termination Statement of Treasurer	
<p>I declare, subject to the penalties set forth in § 24.2-1016, which is punishable up to a Class 5 Felony, that, to the best of my knowledge, this FINAL REPORT for the period beginning _____ and ending _____, including all accompanying schedules, fully discloses all financial activity for this period.</p> <p>I further declare that this committee is being disbanded and this FINAL REPORT fully discloses all previously unreported receipts and has disbursed all funds in accordance with §24.2-952.7 of the <i>Code of Virginia</i> and that this committee has no outstanding debts.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><hr style="border: 0; border-top: 1px solid black;"/><div style="display: flex; align-items: center;"><div style="width: 10px;"></div><div>Date</div></div></div><div style="width: 45%;"><hr style="border: 0; border-top: 1px solid black;"/><div style="display: flex; align-items: center;"><div style="width: 10px;"></div><div>Signature of Treasurer or Custodian of the Books</div></div></div></div>	

Instructions for Completing this Form

Original Report:	Check this box if this is the first time that your committee has submitted this final report.
Amended Report:	Check this box if this is an amendment to a previously filed final report.
Report Number:	Enter the number of times this final report has been amended.
Name of Political Committee:	Please enter the name of the inaugural committee filing this report.
Committee Registration #:	Please enter the committee's registration number in Virginia.
Mailing Address:	Please enter the mailing address of the committee.
Daytime Phone Number:	Please enter the daytime phone number of the person filling out this report.
E-mail Address:	Please provide the e-mail address of either the committee or the person filling out this report.
Termination Statement:	Please sign this statement affirming that the committee has disbanded and that all monies have been disbursed and that all debts have been repaid.

NOTE: It is illegal for the committee to convert any contribute moneys, securities, or like tangible personal property to his personal use.